

SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
722 Main Street, Suite 3

Spearfish, SD 57783

(605) 642-1388

FAX: (605) 642-1389

www.state.sd.us/doh/nursing

Nurse Aide **Application for** *Initial* **Training Program**

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to <u>ARSD 44:04:18:15</u>. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application.

withii	n 90 days after receipt of the application.	•	·	• •		•			
Send	completed application and supporting docur	mentation to	ntation to: South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783						
Nam	ne of Institution:								
Add	ress:								
	ne Number:								
E-m	ail Address of Faculty:								
1.	in the provision of long-term care serve program coordinator but may not perform Attach curriculum vita, resume, or w	vices. The m training v	Director of N while serving as	ursing (DON) may					
Na	Name of Program Coordinator	State	Number	Expiration Date		fication opleted by SDBON)			
				7,000	(00	<u> </u>			
2.	Primary Instructor must be a licensed which is in the provision of long-term car (ARSD 44:04:18:11) ☐ Attach curriculum vita, resume, or w ☐ Documentation supporting previous of completing a course in the instruc	re services. vork history experience	The primary i	nstructor is the actua	al teache	er of course material			
			RN OR LPN LICENSE						
Na	Name of Primary Instructor		Number	Expiration Date		fication opleted by SDBON)			
3.	Supplemental Personnel may assist v field of practice, i.e. additional licensed r ☐ Attach curriculum vita, resume, or w	nurses, soci	al worker, phys						
			LICENSURE/REGISTRATION						
Supplemental Personnel & Credentials		State	Number	Expiration Date	on	Verification (Completed by SDBON)			
-							-		



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Physical Facility Requirements: Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

Course Requirements Name of Course (if applicable):							
A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.							
□ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).							
Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc). Submit documentation that supports requirements listed in ARSD 44:04:18:15, including: Behaviorally stated objectives with measurable performance criteria for each unit of curriculum Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; tolleting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning; Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support; Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors; Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and							
Program Coordinator Signature: Date:							
This section to be completed by the South Dakota Board of Nursing							
Date Application Received:	Date Application Denied:						
Date Approved:	Reason for Denial:						
Expiration Date of Approval:							
Board Representative: Date Notice Sent to Institution:							